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Proceedings of the

**GOVERNOR'S
NINTH
CONFERENCE
ON THE
HANDICAPPED**

Indianapolis, Indiana—October 5-6, 1970

**THE GOVERNOR'S NINTH
CONFERENCE ON THE
HANDICAPPED**

Sponsored by

**The Commission for the Handicapped
Indiana State Board of Health
Andrew C. Offutt, M.D.
State Health Commissioner**

Proceedings of the

**GOVERNOR'S
NINTH
CONFERENCE
ON THE
HANDICAPPED**

October 5-6, 1970
ATKINSON HOTEL
INDIANAPOLIS, INDIANA

THEME:

Concerns of the Handicapped





Governor Edgar D. Whitcomb

"Rehabilitation is the bridge by which uselessness is transformed into usefulness and hopelessness is changed into hopefulness.

It is the method by which a person who has sustained either an illness or a physical disability is given the opportunity to re-establish himself in society."

JOSEPH J. PANZARELLA, M.D.
Rehabilitation Consultant
The Continental Insurance Company
Chicago, Illinois

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Program

Monday, October 5

ATKINSON HOTEL, INDIANAPOLIS

- 10:00 a.m. Conference Registration, Hotel Lobby
- 10:00 a.m. Diagnostic and Evaluative Planning Project
Advisory Committee Meeting—Mezzanine Room
- 11:00 a.m. Committee on the Multiple Handicapped—Mezzanine Room
- 12:00 N Council of Voluntary Organizations for the Handicapped, General Board Meeting—Room 211
- 1:00 p.m. Opening General Session—South Ballroom
Presiding: James M. Kirtley, M.D., Chairman, Commission for the Handicapped
Invocation: Rev. Edward L. Smith, Director, St. Mary's Child Center
Welcome: James B. Kessler, Ph.D. Administrative Assistant of the Governor
Introduction: James Wolf, President Indiana Rehabilitation Association
Address: "An Attitudinal Merger"
Stanley J. Smits, Ph.D.
Associate Professor
Georgia State University
- 2:15 p.m. Coffee Break—South Ballroom
- 2:30 p.m. General Session II—South Ballroom
"Beatty Barnstormers"—Special Entertainment
Directed by: Marcia Ellis, Music Therapist, Beatty Hospital
"Concerns of the Handicapped"
Preview of Splinter Sessions
- 3:15 p.m. Splinter Session I
"Concerns of the Physically Handicapped—Mezzanine"
Moderator: Mrs. Amanda Strong
Visiting Nurse Association of Indianapolis
Panelists: John C. Hegenauer, Employment Security Division
Spiro B. Mitsos, Ph.D., Executive Director, The Rehabilitation Center, Evansville
Mary Alice Wilson, Executive Di-

rector, Marion County Muscular Dystrophy Foundation
Richard Stafford, Employment Security Division

Summarizer: Mrs. Lois Freeston, Muscular Dystrophy Association of America

"Concerns of the Mentally Handicapped"—Room 209

Moderator: George Tinius, Joseph Rauch Memorial Center

Panelists: Mrs. Mary Litty, Tri-State Epilepsy Association

Carl Zimmerman, Ginsberg Rehabilitation Center

Charles Weaver, Mental Health Association of Indiana

Summarizer: James Kite, Fort Wayne State Hospital and Training Center

"Concerns of the Sensory Handicapped"—Room 206

Moderator: Thomas Hasbrook, President, City-County Council

Panelists: Al Parnes, Counselor for the Deaf, Vocational Rehabilitation Division

Kennon Shank, Ph.D., Director, Indiana University Speech and Hearing Center

Mrs. Gertrude Webster, President, Indiana Association of Workers for the Blind

Edward Emmelman, Assistant Manager, Employment Opportunity Center

Summarizer: Janet Dobecki, Indiana School for the Deaf

"Concerns of the Socially Handicapped"—Room 208

Moderator: William Passmore, "Handicapped American of 1968"

Panelists: Mrs. Lynda Carrillo, Department of Correction

Bruce Falkey, Director, Division on Alcoholism

Richard Wenzel, Assistant Director, Services for Crippled Children, Department of Public Welfare

Juan Solomon, Director, Metro Manpower Commission

Program

- Summarizer:* Vernon Black, Metropolitan School District, Pike Township, Marion County
"Concerns of the Chronically Handicapped"—Room 210
Moderator: Kenneth I. Chapman, Executive Director, Community Service Council of Indianapolis
Panelists: Jack Riekema, Community Health Clinic, Marion County General Hospital
 Raymond Murray, M.D., Medical Director, Riegenstrief Institute for Health Care
 George Smith, U. S. Civil Service Commission
 Mrs. Kathleen Milburn, Executive Secretary, Indiana Chapter, National Hemophilia Foundation
Summarizer: Mrs. Faye Johnson, Counselor, Vocational Rehabilitation Division
- 6:30 p.m. Annual Banquet—Grand Ballroom
Presiding: James M. Kirtley, M.D., Chairman, Commission for the Handicapped
Invocation: Rev. Royce Jones, Indiana Baptist Convention
Entertainment: Combined Chorus of Indiana Schools for the Deaf and Blind
Directors: Mrs. Julia Price, Indiana School for the Blind, Mrs. Judith Houk, Indiana School for the Deaf
Address: "A Challenge to Rehabilitation"
 Gerald O'Morrow, Ed.D., Associate Professor, Indiana State University
- 8:00 p.m. "To Those With Concerns for the Handicapped"—Grand Ballroom
 Informal Chats With the Commissioners and Others
- Tuesday, October 6**
- 9:00 a.m. Splinter Session II
 Continuation of Group Discussions
 Physically Handicapped—Mezzanine
 Mentally Handicapped—Room 211
 Sensory Handicapped—Room 206
 Socially Handicapped—Room 208
 Chronically Handicapped—Room 210
- 10:15 a.m. Coffee Break—South Ballroom
- 10:45 a.m. General Session III—South Ballroom
 COVOH Reports on Special Projects
Presiding: Mrs. Ralph Lee, Jr., Chairman
Speakers: Marshall Pitler, Executive Director, United Cerebral Palsy of Indiana
 Mrs. Alice Tinsley, President, Indiana Association for the Multiple Handicapped Deaf
 Michael Gallagher, Administrative Assistant, Indiana Association for Retarded Children
Summarizer: Ralph E. Werking, Jr., Indiana Easter Seal Society For Crippled Children and Adults
- 12:15 p.m. Luncheon—Grand Ballroom
Presiding: Mrs. Carolyn Tucker, Director of Public Relations, Crossroads Rehabilitation Center
Invocation: Rev. Henry Lutz, Associate Pastor, St. Suzanne Catholic Church, Plainfield
Greetings: Mr. Larry K. Volin, Liaison Officer, The President's Committee on Employment of the Handicapped
Presentation of Awards: A. C. Offutt, M.D., State Health Commissioner
 Indiana State Board of Health
Address: Maynard K. Hine, D.D.S., Chancellor, Indiana University-Purdue University
- 2:00 p.m. General Session IV—Grand Ballroom
 "Diagnostic and Evaluation Plan"
Presiding: Don A. Miller, Executive Secretary, Commission for the Handicapped
Chairman: Dr. Milton Wisland, Indiana University Mental Retardation Center
Participants: Joe Kunz, Research Consultant, Indiana University
 Mrs. Ione Heckman, Staff Coordinator, Division for the Handicapped
- 3:15 p.m. Reports from Splinter Groups:
 Mrs. Lois Freeston
 James Kite
 Mrs. Faye Johnson
 Janet Dobecki
 Vernon Black

Opening Remarks

JAMES M. KIRTLEY, M.D., *Chairman
Commission for the Handicapped*

On behalf of the Commission for the Handicapped, I wish to welcome you to the Governor's Ninth Conference on the Handicapped.

In the years past, the Governor's Conference has brought together enthusiastic and dedicated people who are concerned with the problems and needs of handicapped children and adults. Each conference has made a valuable step toward the development of understanding and cooperation among the various educational and rehabilitative professions and organizations.

During the past year, the Commission has attempted to fulfill its responsibilities to the State of Indiana and its citizens. We feel that much has been accomplished in the way of implementation of legislation concerning the handicapped.

However, we also know that our duties and responsibilities are not finished. Our ultimate goal is to be able to say that our handicapped citizens have a complete system of resources for their utilization. As yet, we have not reached this goal. Hopefully, during this Conference and specifically during the sessions that follow, we will learn more about the concerns of the handicapped and what is needed in the future to enable us to reach our goal. This conference will serve as one more step in the development of understanding and cooperation by enabling handicapped individuals, representatives from public and private agencies and concerned citizenry to meet in one place, discuss and make recommendations on improving interagency cooperation, the advancement of job training and work placement for the handicapped in Indiana.

I am tremendously proud of being on the Commission for the Handicapped and to have an opportunity to be a part of these combined efforts to meet the needs of the handicapped. Hopefully, in the future, every handicapped person in Indiana will have an opportunity to achieve his potential.

* * * * *

Welcome

JAMES B. KESSLER, Ph.D.,
*Administrative Assistant to the
Governor of Indiana*

I am pleased to bring you greetings from your Governor, Hon. Edgar D. Whitcomb, and on his behalf welcome you to the Ninth Annual Conference on the Handicapped.

Governor Whitcomb is highly pleased that you—with concerns for the handicapped—are

meeting today and tomorrow to confer on improving education, training and employment for disabled persons through greater interagency cooperation. There have been marked advances in all phases of rehabilitation in the past two decades. The advancements we have witnessed were fostered by the cooperation of institutions, professions, organizations and various individuals in concerted efforts to provide a more complete and efficient program of rehabilitation.

Here today we may decide to accept the greater challenge for a continuation and improvement of this concerted effort. The increased activities of government in all areas of health and rehabilitative services indicate that the rehabilitation workers, the volunteers and the handicapped individual *must be* involved in the decision making, the comprehensive planning and the delivery system of all rehabilitation programs.

Many of you demonstrated a strong willingness during the last General Assembly, to cooperate in achieving a common goal. Your success was evidenced by the passage of several laws for the handicapped. These new laws could be considered a blueprint for the future. Should you decide at this meeting to work together in those activities that lead to effective coordination this "blueprint" could be your most important consideration. Dr. Robert Yoho, Assistant State Health Commissioner, described the elements of this blueprint. He said, "The elements of the blueprint are sound. It provides for (1) the establishment of a state registry, (2) proper diagnosis and referral services, (3) strengthening the programs for schools, existing agencies and institutions, so that many more handicapped children can be helped, and (4) consideration of new programs, new services and new institutions to fill in the gaps in present services."

I entrust you with the responsibility for these two days to merge your thoughts, imagination and ingenuity into a line of action committed to a total concern for all handicapped individuals in Indiana.

* * * * *

Educational Opportunities for the Handicapped at the Post High School Level

MAYNARD K. HINE, D.D.S., *Chancellor,
Indiana University-Purdue University
at Indianapolis*

William Lowe Bryan, who was president of Indiana University from 1902 until 1937, was a pioneer in advocating universal opportunities for public higher education. At his inauguration in 1903, he made this oft-quoted remark:

"What the people need and demand is

that their children shall have a chance—as good a chance as any other children in the world—to make the most of themselves, to rise in any and every occupation, including those occupations which require the most thorough training. What the people want is open paths from every corner of the State through the schools to the highest and best things which men can achieve. To make such paths, to make them open to the poorest and make them lead to the highest, is the mission of democracy.”

When President Bryan spoke of “the people,” he meant every citizen, every member of every minority group. He excluded no one, and he would not have excluded the handicapped. This policy, at least this aspiration, continues to guide our state universities as choices are made on priorities and programs for the future.

This spirit of inclusiveness is inherent in the goal developed in 1968 by members of the Commission sponsoring this conference. They stated:

“Resolved, that the goal of the Commission be the protection of all individuals from the impact of defects or infirmities which prevent their attaining fullest possible physical, social, economic, mental, and vocational participation in the normal process of living.”

This is obviously an ambitious franchise, but establishing a goal of this kind carries with it the kind of challenge that must precede effective effort and accomplishment. It will enable the Commission to move forward on a wide front, serving all the handicapped without exclusion.

This same philosophy should prevail in public higher education to serve the handicapped. It would be narrowly presumptuous to prescribe so-called “suitable” curricular choices for individuals with handicaps. The fundamentally important point is that every student is an individual; stereotyping is conceptually wrong and, even worse, often unjust. Motivation and ability exist in varying measure among all groups, and so do aspirations. What should not vary is the opportunity of access to higher education in whatever fields any student is capable of pursuing. Going beyond access, the quality of that education should not vary either.

There are, however, some limitations and problems. There are pressing needs for more qualified counselors who are specially trained and equipped to serve handicapped students. More attention must be given to designing campus

facilities, so that the wheelchair-bound and other handicapped persons will not face architectural barriers that interfere with their participation in the educational process. More attention must be given to the development of special teaching aids. For example, in this age of electronic communications, with almost instantaneous storage and retrieval of information, improved applications of this resource for learning among the handicapped should be developed. The availability of tape recordings, of class room lectures and perhaps TV tapes of laboratory demonstrations, playable at will on home sets, should be a boon to individuals who face a mobility problem.

These are a few examples of limitations, many of which can be ameliorated with added dollars. Among the problems, perhaps the most difficult is in the attitudinal aspect. A number of research studies have been done on attitudes toward the handicapped. At the Medical Center of Indiana University-Purdue University at Indianapolis, a faculty member studied the attitudes of teachers toward handicapped pupils and concluded that teachers are not more tolerant of the disabled than any other individuals. If teachers are as unaccepting as anyone else, and the study indicates that they are, the negative effects on the educational process are compounded. Somehow, the fostering of more favorable attitudes among teachers and others in the educational system will have to involve changing more than stated opinions. Reaching the more deep-seated, emotional realm, where the handicap of prejudice dwells, will not be easy. While the behavioral scientists continue to work, a central task among the concerned must continue to be missionary effort among those who operate the educational system, including those who keep its budgetary and admissions gates.

Despite limitations and problems, the public universities, serving “the people” as perceived by William Lowe Bryan, have an obligation to identify their own institutional handicaps, and, if needed, to undertake institutional rehabilitation. Some universities have done this, and more ought to follow. To the extent that this can be managed from a long list of worthy and urgent programs for which support is needed, this policy will apply at IUPUI.

This approach must include constant and intensive efforts to engender a feeling of individual responsibility and concern, in addition to a recognition of individual obligation to understand special needs and varied aspirations among the handicapped. This inner, attitudinal sense of individual concern and understanding

must be developed among students, faculty members, administrators, and citizens in general.

All institutions, including universities, are inclined to respond to competing appeals for their services on the basis of the demonstrated effectiveness of the requesting group. Through this Commission, and by voluntary coordination, various agencies, organizations, and professions are endeavoring to speak with one strong voice on behalf of the handicapped. This approach is commendable, but more important, it is practical and realistic. When a well organized and sound case is made for improvement, an administrator's hand is strengthened when he recommends adoption of such programs.

IUPUI and its Medical Center have a number of key roles to fill in developing programs for the citizens of this state who are, or who might become handicapped. To cite examples, teaching, research, and service projects in the areas of rehabilitation and of prevention deserve primary attention.

Without duplicating existing programs, this activity would include participation in developing inpatient and outpatient rehabilitation facilities and in training professional personnel to operate such facilities. Nationally, remarkable advancements are being made in this field. Given requisite support, Hoosiers can share the benefits of these advancements.

There are many aspects of concern in the prevention of disabilities. The Department of Medical Genetics at the Medical Center, for example, counsels married couples on prospective defects in their future children. There also is the continuing fight, in research laboratories and in clinics, against the crippling diseases. There have been some remarkable victories in this fight, but the war is far from won. To achieve further progress will require the kinds of scientific and professional resources provided in a university environment.

Involvement on the part of the faculty will be essential. Dr. James B. Wray of the School of Medicine is serving as a member of this Commission, and his record of success in moving projects forward at the Medical Center can be expected to be repeated in his contributions to this body. There are many more IUPUI faculty members, in the health sciences, in social service, in education, and in related professions, whose potential contributions could be mobilized.

A frustrating problem that all educators combat is the lack of development to capacity of their students. All too often, a talented, even brilliant student fails to attain the level of

competence he could achieve. He never "catches fire." He lacks motivation.

This under-achiever has had sufficient opportunities to succeed and has handicapped himself. What about those who have not had such opportunities and who, through no fault of their own, face physical or financial handicaps? It is a depressing exercise to consider how much untapped talent, how much wasted ability, there must be among those who could otherwise be leading more productive lives. Those individuals deserve an opportunity to come into contact with the stimulating and exciting aspects of education, including higher education.

In general, although some improvement has been accomplished, Indiana's public universities are not as well equipped to serve the handicapped as they should be. Additional specialized personnel, programs, and facilities are needed. Following an evaluation of what has happened at public universities in states that have moved further ahead in this regard, specific proposals for action should be developed. A cooperative climate for this endeavor can be predicted on the campuses of the state universities. They are keenly aware of their fundamental obligation to make higher education widely available to all of the citizens of Indiana. A project of this nature would be in keeping with their shared philosophy and mission.

* * * * *

Recreation Counseling A Challenge to Rehabilitation

GERALD S. O'MORROW, Ed.D. *President,
National Therapeutic Recreation Society*

It is recognized today that the rehabilitation process focuses on creating the best possible therapeutic climate for the individual through the coordinated use of a variety of somatic treatments, individual and group psychotherapy, sociorecreative activities, and vocational therapy. It is further recognized that thousands of people who are hospitalized each year require some form of rehabilitation counseling before they can reenter society. Others who are disabled or handicapped but require no hospitalization also benefit from receiving such service. The goal is to restore as nearly as possible the functional capacities of the person so that he may be reintegrated into the community.

However, it is interesting to note that while considerable attention in the literature and in the field has been given to the many types of rehabilitation counseling (vocational, psychological, educational, and the like), little, if any, attention has been given to leisure or recreational counsel-

ing. For example, in our achievement-striving culture, perhaps it is not surprising that frequently a large factor in determining whether or not a person is ill is his ability to work. In like manner, obtaining a job and staying on it is often viewed by many rehabilitation personnel as an indication of successful rehabilitation. Therefore, vocational training and counseling has played a prominent part in planning for the rehabilitation of a person. While the importance of this aspect of rehabilitation cannot be minimized, it does appear that there has been neglect of exploration of leisure interest to meet needs during nonworking hours. A person returns to his home, family, and job only to find that he is unable to cope with the problems created by his leisure time.

Recreation counseling, therefore, may be defined as a technic in the rehabilitation process whereby a professional person uses all the information gathered about a patient prior to release or discharge to further explore interest and attitudes with respect to leisure, recreation, and social relationships to enable him to identify, locate, and use recreation resources in the community and thereby become an active community participant.

The apparent reluctance to consider recreation counseling in relation to other aspects of counseling is even more puzzling since one can hardly read a newspaper or magazine without some reference being made to the shrinking work week and its bearing on leisure and the number of leisure activities available to the individual. It has been calculated that the average American has more leisure hours than working hours in a year: 2,175 leisure hours compared to 1,960 hours of paid work. Furthermore, it is estimated that more than one-third of the lifetime of most Americans is free, unoccupied time. And the ways in which people spend that time are almost endless. Curiously, what used to be a leisure class is no longer. Leisure is being accepted as a meaningful, necessary part of life.

Haun, Knudson, Martin, and Menninger have indicated that recreative experience is essential to man's psychological and spiritual well-being, just as essential as food, sleep, work, and protection from environmental hazards. In this view, recreative experiences leave one refreshed, fulfilled, contented, and at peace with oneself and the world. It reinforces companionship, group belonging and esteem, mutual interest, and concern for one's fellow being. It does not leave one isolated, withdrawn, anxious, apprehensive, suspicious, hostile, fearful, and totally sick inside.

The outcome of recreation, the very experience itself, as observed by Meyer, ". . . is so closely related to positive mental health, that one may consider them synonymous."

It is a leisure in which all men may find their wants met—the loafer and the doer, the scholar and the sportsman, the Las Vegas gambler and the suburban gardener, the numismatist and the Saturday night astronomer, the hot-rod fanatic and the Lucy Ball fan, and the Presley, Proust and Puccini audiences.

Research in the area of recreation counseling is meager. Yet vast sums of money are being spent, a variety of persons are attempting to effect changes in current practices, and many persons are beginning to pose questions about ways in which their efforts might be furthered.

Although some attempts have been made to study the influence of recreative counseling upon patients or clients participating in rehabilitation, they have usually been part of a larger study. Furthermore, these studies have concerned themselves primarily with psychiatric patients. Moreover, existing research, while contributing to a better understanding of the importance of recreation in the social functioning of the individual, has seldom considered recreation counseling as a specific service to be provided in the counseling process.

Were it not for the pioneering work done in Kansas City, the concept of recreation counseling would not be receiving the little attention it does today.

Heretofore, evidence concerning the value of recreation counseling has reflected the opinion of those from professional disciplines other than therapeutic recreation. In recent years, therapeutic recreation specialists have also become more and more involved in planning and implementing programs that serve the postrehabilitation needs of the patient. It is known that some, after release or discharge, make use of the recreative experience offered them during rehabilitation. Countless others, however, are unable to make use of these experiences to facilitate their adjustments within the community. Thus, therapeutic recreation specialists, like some other health care professionals, are suggesting and implementing recreation counseling programs.

There appears to be an increasing awareness and agreement among some health personnel that recreation counseling is an important service to be provided in the rehabilitation process. The advantage of a good therapeutic recreation program within an agency cannot be denied, nor can it be denied that discharge planning must

be an integrated part of an over-all rehabilitation process. Continuity of care and treatment must be maintained if there is to be a more complete impact of therapeutic and beneficial experiences.

The keystone of an effective rehabilitation program is good counseling, whether in the rehabilitation center, vocational training center, psychiatric institution, hospital, or community. Counseling, according to Kasius, implies a helping process, the aim of which is to enable a person to utilize new resources he possesses for enhancing his capacity for social functioning. Thus, new avenues or approaches must be given an opportunity to determine their effectiveness.

At best, it is recognized that it is extremely difficult to break through long-established practices and procedures in an attempt to institute changes that may have been suggested. Resistance to change is, in part, a result of the desire to maintain things as they are, to keep traditions and traditional usages intact. Some practices have existed for such a long period of time that attempts to change are sometimes met with passive resistance or even sabotage. Sometimes the nature of the agency or institution may preclude certain changes being easily accomplished. Personal preferences and idiosyncratic characteristics of certain staff members may act to hinder the development of new services. Finally, the lack of funds may effectively block new programs despite a willing acceptance of them by staff. However, if effective rehabilitation is to become a reality in our contemporary society, those activities offering the greatest promise must be translated into programs of service.

The success of a recreation counseling service depends upon the investment of time and effort by the rehabilitation staff in helping a person to develop a realistic leisure plan to be followed after release or discharge. This investment requires: 1) exploring his leisure needs and interest, previous leisure experiences, and knowledge; 2) exploring his attitude toward leisure and the place leisure occupies in the total life pattern; 3) assessing his potential abilities within the nature and extent of the handicap, i.e., is the individual ambulatory or nonambulatory, is he blind or deaf, an arthritic, a paraplegic, a cardiac, or an alcoholic, or is he socially or culturally disadvantaged; and 4) gathering information about existing leisure agencies available to him within the community to which he returns.

If elements of recreation services are provided within the rehabilitation agency, then opportunities may be occurring for the person to experience and enjoy constructive leisure. Thus,

the therapeutic recreation department, in preparing the individual for release or discharge, must plan a diversified program of activities that involve not only agency resources but activities acquainting the person with community resources. If such services are not provided within the agency, then opportunities must be provided through stimulating public and private recreation agencies to accept their responsibility for cooperation.

In closing it is my contention that recreation counseling is a factor to consider in the rehabilitation process. Furthermore, it is an effective and constructive service that will enhance the rehabilitation process and assist the individual to deal more successfully with the demands of everyday living.

* * * * *

The Socialization of Bureaucracies

STANLEY J. SMITS, Ph.D.

Georgia State University

Since I know that the theme of this Conference is "interagency cooperation," and since I know Indiana is "Nixon Country", let me begin by saying that I want to make one thing perfectly clear: *I am one hundred percent in favor of cooperation among the numerous public and voluntary agencies serving the handicapped!* In fact, for several years I have ranked interagency cooperation on a par with "mom's apple pie," "the flag," and "motherhood-in-moderation." As I stand here, it is comforting to know that all of you agree with me and that many of you have publicly advocated increased interagency cooperation.

With all of us in agreement, and having taken my position, it would be parsimonious for me to conclude at this point. However, since university professors are nationally known for their ability to make the simple, complex and the obvious, obscure, I thought I would take the next twenty-five minutes or so to share with you some of my observations on why it is so difficult for public and voluntary agencies to operationalize the cooperation they so enthusiastically preach.

OBSTACLES TO COOPERATION

Role Ambiguity The first obstacle to cooperation, as I see it, is the overlapping and ambiguous nature of the agencies' legislated and assumed roles. It would be both inaccurate and unfair for me to claim that agencies do not know what they are doing. When an agency is created, its role is usually rather narrow and clearly defined. However, as the agency begins to serve people, it finds that some of its handicapped clientele have multiple problems. Lacking adequate

referral help, the agency broadens its role to encompass the services needed by its clients. Gradually this enlarged role is legitimized by legislative and sponsoring groups. Any agency serving handicapped people could conceivably evolve a role broad enough to allow it to authorize all of the services now provided by related agencies. The evolving nature of agency roles is crucial to a discussion of cooperation for two reasons: First of all, it is difficult to understand the services available from other agencies because they are constantly changing. Secondly, as agencies expand their roles, they begin to encroach upon the traditional territory of other agencies.

Survival of The Fittest Agencies operate as competitors. In sparse budget years, such competition may actually be a struggle for survival. Agencies compete for mandates, i.e., they want to be given new responsibilities. Receiving a new responsibility is a public vote of confidence, while losing a service function or a group of clients is a public warning. Agencies which depend too heavily on outside sources for important services run the risk of having those service responsibilities transferred to the agency which is actually providing them. Given this reality, agencies hesitate to seek help from others because they know it might be viewed as a sign of weakness. Along with responsibility goes money and staff. Adequately funded agencies can afford to be cooperative, supportive, even generous in their relationships with others.

Misdirected Services Agencies tend to be agency-oriented, rather than client-oriented. Since productivity is proof of success, they tend to give high service priorities to those persons who have a high probability of success. "High probability of success" is a phrase which roughly translated means those persons who need the service least. Status in some occupations such as medicine, law, or even mountain climbing is related to being assigned the most challenging task available. Status in service programs for the handicapped is related to the quantity of desirable outcomes achieved without regard for the ease or difficulty associated with their attainment. As a result of their overlapping roles and their struggle for survival, agencies sometimes actually find themselves in competition for clients with a high probability of success.

Human Element Another obstacle to inter-agency cooperation can be the practitioners themselves. Practitioners vary in their interpretation and adherence to agency policies and procedures. It is usually easier for the practitioner in public

agencies to err in the direction of doing less than he should for his clients. Exceeding the service boundaries of the agency often requires the outlay of additional funds or staff time. Such requests often run into an administrative interpretation of policy and are denied. However, the avoidance of specific clients, or the failure to use the resources of other agencies when a client could benefit from them is the type of behavior which seldom comes to the attention of administrators.

To summarize at this point: Role ambiguity and overlap, defensive behavior regarding weaknesses, a production rather than service orientation, and a subjective set of rules for each practitioner combine to make it difficult for agencies to understand and trust each other well enough to develop cooperative programs.

Before looking at some strategies that agencies can use to overcome some of these problems, we need to examine the dictum that interagency cooperation is always desirable. Cooperation among agencies does not always lead to increased services for the client. On the contrary, the involvement of too many agencies can cause excessive delays in the delivery of services and can consume staff energies in the handling of paperwork and other red tape.

As a general rule, interagency agreements ought to be entered into only where there is reasonable assurance that they will lead to increased effectiveness, increased efficiency or both. Consumated agreements ought to be closely monitored with their continuation dependent upon data substantiating their success.

PROPOSED STRATEGIES

Let us turn now to strategies which agencies may employ to increase their functional and attitudinal capacities to cooperate. As in the case of the obstacles, I will speak in general terms since so many different agencies are represented in this audience.

Clarification of Roles The first strategy which I think would facilitate interagency cooperation involves operationally defining each agency's target populations, services, and procedures. Such a definition should be supplemented by a candid statement of assets and limitations. The purpose of the operational definitions, or descriptions, is to provide a clear picture of the agency to those people in other agencies who need this type of knowledge before joint endeavors can be planned. Operational definitions are needed because the in-house language all of us use is not conducive to communication.

A careful examination of our complicated

delivery of services systems presents us with another communication problem. Most agencies have not attempted to streamline their service delivery systems. Antiquated procedures, sanctified by tradition, have deprived agencies of the flexibility needed to cope with change. Our basic models have not changed, merely grown. We add news forms, new lines on our tables of organization, new practitioners, and a new administrator each time we add a new service or a new client population. Any steps which can be taken to simplify our delivery of services will facilitate cooperation.

Stability and Security A second strategy to improve interagency cooperation calls for a concerted effort to achieve reasonable levels of financial stability and program security. Agencies should work together on public relations and legislative proposals. Agencies serving the handicapped must actively solicit public financial support for their programs. Instead of fighting among themselves for minuscule sums of money, they must fight to get as much support as they can for each other. Program stability is closely related to financial stability but has some uniquenesses. For example, program stability would be increased if you found ways to keep petty politics from interfering with agency operations. Helping the handicapped makes good sense from both a humanitarian and economic standpoint. That point has not been adequately driven home to the people in this State. Helping the handicapped requires skilled professionals; not exclusively, but to a greater degree than administrators have been willing to accept. If you can acquire popular support and professional workers, you will have the financial and program stability needed for cooperative undertaking.

Accurate Accountability In order to work together, agencies will need to devise new methods of accountability. Closure systems, which use a single criterion for success, give no credit for partial success, or for the effort expended on a case that ends up a failure. Practitioners will not tackle difficult cases until methods are developed to give them credit for the services they give. Surgeons are paid for operations, not just for successful ones; lawyers are paid for the briefs they file, not just for successful ones; teachers are paid for classes taught, not for the number of students receiving A's. Why can't practitioners and agencies working with the handicapped receive credit for the units of service rendered?

Accountability for units of service rendered is also important if several agencies cooperate with

the same client. The days of several agencies each taking full credit for the same person's successful rehabilitation are gone, or will be soon! Agencies working together will need to show what they did and what it cost to do it. If they cannot do this, their expenditures will become unaccountable and their days as public programs will be grossly shortened.

Client Needs Agencies, cooperatively, are going to need to meet client needs. Services for the handicapped are not privileges; they are the rights of citizenship. People are becoming consumer-conscious. God help us as public programs if "Nader's Raiders" or some other watchdog group ever starts to scrutinize the gaps in our services. Don't misunderstand me; I'm proud of the service sophistication we've achieved during our short history. But our services are not as comprehensive or as available as our public relations leaflets lead people to believe. Our duplicated, and sometimes antiquated, services are not as efficient and fiscally sound as we would like to believe. For example, a routine investigation of public expenditures for rehabilitation conducted by the Government Accounting Office in six states with large rehabilitation programs uncovered an alarming number of cases with insufficient disability to qualify them for services under the regulations although they were served; a high incidence of cases returning for services within a short time after closure, and a failure to show that any significant services were given to a substantial percentage of the cases closed as rehabilitated. Unless my guess is wrong, we have already felt the fiscal impact of this unpublicized investigation.

People Helpers The crux of working together is having people in various agencies who share an attitudinal bond of wanting to help handicapped people. Hiring practices, inservice training, and personnel practices should all be designed to create and then reinforce this attitude. If everything else proposed in this paper worked, but agency personnel lacked this bond, little change would occur. On the other hand, if this suggestion were the only one achieved, limited but positive change would take place.

In my opinion, people who work with the handicapped cannot be expected to be martyrs. Therefore in order to attract and retain qualified professional and technical personnel, agencies are going to have to pay adequate salaries; offer career positions which do not necessarily require the assumption of administrative duties; provide continuing educational experiences; develop service delivery systems which will allow for the

differential utilization of professional and technical staff; and most important they are going to have to give agency employees credit for the work they do.

My purpose in this presentation was not entertainment or emotional catharsis. Rather, I have attempted to describe some of the reasons why agencies find cooperation difficult and to propose some ways to begin to build the necessary foundation upon which interagency cooperation can develop. My use of the word "socialization" in the title of this presentation summarizes the task I see facing each of you at this conference and in the future. "Socialization" typically means the process by which a person, usually a child, acquires a sensitivity to the pressures and obligations of group life, and learns to behave accordingly. Agencies serving the handicapped are young. They have been self-centered, focussing largely on their own growth. It is your task to guide these agencies to maturity—the maturity they need in order to adequately serve the handicapped citizens of the State of Indiana.

* * * * *

Independence for the Handicapped

LARRY K. VOLIN,

Liaison Officer States Relations

President's Committee on

Employment of the Handicapped

I would like to point out that we have to talk to employers, to labor; we have got to get them to understand that hiring the handicapped is good business. It is not a charity. These people are productive and they can do the job; that is one thing that I try to point out when I hit the road. When an employer hires a handicapped person recommended by one of the agencies represented here today, he knows an awful lot more about that person than about the person who just walks in off the street looking for a job.

Let me say this, we are talking about independence of the handicapped. We are talking about a time when a handicapped person can move in any direction in the strata of our economy. We are talking about a time when environmental barriers will be no more. We are talking about a time when transportation barriers will be no more. You know it is funny that a handicapped person can travel across the country on a plane a lot easier than he can across town.

We are talking about a time when there will be more freedom of choice in the field of occupations. We are talking about a time when they will be unshackled from poverty and believe me, many handicapped persons are in the poverty

bracket. I don't have to cite any figures to you. I think that they are pretty well known.

We are talking about a time when there will be freedom from legislative barriers such as workman's compensation. This could be improved so that there will be less fear among the employers in hiring a qualified worker with a disability. We are talking about a time when these people will be contributors to our society. Now, I repeat this may be a large order, but it is an important order, and this is the direction that we have to go. I think all of you know what has to be done: you have heard the figures; you have heard the recommendations. You have got to go back and sell this to the people in your community. I know that the session just before this the question came up, "What good is it if we can't get these people employed?" If we don't get a program of hiring the handicapped into the local communities, it isn't going to do any good because this is not a program which will go from Washington or Indianapolis, or Des Moines or any other state capital. It is a community program and without local support we are sunk.

I know I have been blunt. They apparently put the railroad station downstairs for a purpose—I hope nobody gets any ideas. My time is up—I thank you and I also wish you good luck.

* * * * *

Presentation of Awards

A. C. OFFUTT, M.D.,

State Health Commissioner

It is a real pleasure to act in behalf of Governor Whitcomb in extending recognition to a few of those who have made real contributions to the efforts of our handicapped citizens to help themselves. Additional meaning is given to these efforts as they operate in these times of unrest.

We have a right to be proud of the national recognition which has come to some of Indiana's stalwarts in this effort. Mr. Sam Levin of Fort Wayne, Mr. William Passmore of East Chicago, Miss Rowena Piety of Hammond, and Mr. John Muessel of Madison have brought national recognition to themselves and to the State of Indiana.

The success of any rehabilitation program is dependent on the cooperation of employers who make employment available to handicapped persons. Today we give recognition to one of those employers, Accurate Parts, Inc., Kokomo. This company was nominated for the Indiana Employer of the Year award in the large business category by the Howard County Association for Retarded Children. Included among the disability types on this company's payroll are the mentally

retarded, hearing impaired, and visually impaired, performing production jobs, truck driving, and supervision. Wage policies apply equally to handicapped and nonhandicapped, and handicapped persons also receive all fringe benefits offered by the company. I am happy, therefore, to present this Governor's Rehabilitation Award as Employer of the Year to Mr. M. E. Hicks, founder and Vice-President, Accurate Parts, Inc.

I am privileged to make the initial presentation of a new award, developed and supported only just this year. Pilot International, a professional women's organization in cooperation with the President's Committee on Employment of the Handicapped, conducted a contest in each of its districts to select the "Handicapped Professional Woman of the year." Our district is comprised of Indiana and Michigan, so the winner must truly be outstanding.

Having had the pleasure of working with this candidate for several years in public health programs, I can attest to her outstanding ability and to her enviable record of accomplishments.

As a result of a battle with poliomyelitis, she lost the use of her lower extremities at the age of nine. Despite her physical problem, and the extra effort needed to go on, she was never swayed from her educational goals. Significant in her selection was the recognition of her effort beyond the normal call of her employment to aid families to get funds for higher education for their handicapped children.

She was nominated by the Pilot Club of Indianapolis, Inc., and since 1964 she has served as Executive Director of the Marion County Muscular Dystrophy Foundation. I am pleased to present this first citation as Handicapped Professional Woman of the Year to Miss Mary Alice Wilson for outstanding personal achievement, and for having been nominated as the "Handicapped Professional Woman of the Year in Pilot District Number 15."

It is now my pleasant duty to further honor a gentleman whose accomplishments stand alone as an honor. Though he lost his sight in early childhood, he earned a law degree in 1940. In a significant career of public service, he served a term as a city court judge and for a decade was attorney for his local county welfare department. For the past several years he has served as a board member and officer of his local family counseling service organization. He is a past president of the local Optimist club, and in 1948

he received the United States Junior Chamber of Commerce Distinguished Service Award for community service. He recently received the Governor's Trophy as the Handicapped Hoosier of the Year from Governor Whitcomb.

I am pleased to present this citation in recognition of his many accomplishments to Mario Pieroni, Muncie attorney. The citation reads as follows: "The President's Committee on Employment of the Handicapped Citation for Meritorious Service conferred upon Mario Pieroni in appreciation for exceptional contributions in furthering the employment of the handicapped."

As you all recall, the Indiana Commission for the Handicapped may choose to present a Distinguished Service Award to an Indiana organization, agency, or individual. The selection is based on the contribution to the advancement of the employment of handicapped Hoosiers and extends recognition for meritorious service in the promotion of public understanding of the employment possibilities of the handicapped.

Once again my pleasure is enhanced to offer this award to someone whom I have known and worked with for several years. Losing his sight as a Marine in World War II, he has achieved a successful career in industry and has served in both houses of the Indiana legislature.

He has served his city for three terms on the Indianapolis City Council and last January became president of that reorganized body. He is past president of the Blinded Veterans' Association, which organization recognized him with their achievement award in 1965. He has been honored as National Blind Father of the Year and has received the George Washington Medal from the American Foundation for the Blind.

He is a past director of the Indiana Easter Seal Society and the Indianapolis Junior Chamber of Commerce. He is a past president of the Indiana Chapter of the National Society for the Prevention of Blindness and a Director of the Indianapolis Star Blind Fund. He also finds time to serve on the Advisory Committee of the Indiana School for the Blind and the state Commission for Special Institutions. Over two decades ago the United States Junior Chamber of Commerce singled him out as one of the country's outstanding young men.

Ladies and gentlemen, please share my pleasure as I present this Distinguished Service Award to Thomas C. Hasbrook of Indianapolis.

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SPLINTER GROUP I—CONCERNS OF THE PHYSICALLY HANDICAPPED

Moderator: Mrs. Amanda Strong

Recorder: Mrs. Lois Freeston

EDUCATION OF THE DISABLED CHILD—With the knowledge that indulgence of the disabled individual will end at some point in his life, acceptance of the handicap should be encouraged by the family. If the family cannot serve in this capacity, the school must. The child should be allowed to attend a neighborhood school, or a school for the disabled. The State Department of Education is trying to contact and assure individual schools that they CAN take the disabled.

CONTINUING EDUCATION FOR THE DISABLED—Employment should not be the sole aim of education: emphasis on daily and independent living becomes increasingly important for those for whom employment is delayed, refused, or not possible. Career days for the disabled could be valuable. College programs in which work is included, and elimination of architectural barriers on Indiana campuses would open doors for attaining a college degree in Indiana.

EMPLOYMENT OF THE DISABLED AND EDUCATION OF THE EMPLOYER—Vocational "choice" is to often dictated to the disabled individual who has every right to participate in a decision for *his* life. If his decision is unrealistic, then guidance is in order; however, before his choice is ruled out, evaluative resources must be tapped. Staff failure in this area is not to be mistaken as the client's lack of motivation. Counseling and guidance should include participation of the disabled in planning. Guidance counselors should be more realistic.

Education of the employer might begin in Business and General Administration courses which could include at least three hours on employment of the disabled. The employer should be educated to realize that the disabled individual has the same emotions as the rest of the human race, and has a desire for the dignity of an occupation and the chance to grow as an individual. The dossier the employer holds when the disabled individual applies for employment is far more detailed than the application form normally available; he should be educated to recognize the value of this information. Statistics of punctuality, absenteeism, etc., of disabled employees might impress him. A documented work history of the disabled individual is invaluable. The applicant should discuss his disability and qualifications frankly with the employer. The qualified individual is a valuable human being who must be tried.

ADDITIONAL POINTS—Failure to recognize less than 100% success with the disabled client, lack of a centralized clearing house for all disabilities, and, again, architectural barriers were emphasized.

RECOMMENDATIONS

1. Legislators should be urged to attend Governor's Conference—especially the Legislative Advisory Council.
2. On a broader level, legislative reform to hold sessions *annually* should be encouraged. A program of public education concerning this legislative reform referendum is in order.
3. More people talking with individual legislators is needed.
4. Air transportation for disabled has become increasingly difficult. Their preferential treatment has been withdrawn.
5. Agencies should get more disabled persons *here* at the conference; much can be done without legislation.

Architectural Barriers

1. Approaching *individual* architects on the concept of barrier-free buildings is necessary, i.e., local people going to local architects.
2. Channel 13 film coverage of barriers in downtown Indianapolis was an excellent start. They should be supported via letters.
3. Automobile Associations should be urged to indicate accessible places in tour books.

Education:

1. If at all possible, physically disabled children should be allowed to attend neighborhood schools. In a school for crippled children, they tend to be sheltered, not prepared for every day life or higher education.
2. Parents should encourage child to accept disability and become achievers.
3. School boards should recruit and train personnel with a realistic approach to disability, i.e., educate child and parents as to what resources are and will be available.
4. Guaranteed annual income should be supported.

Employment:

1. Too often the hirein positions are beyond the capabilities of the handicapped person seeking a job, therefore, a waiver, in a union's bylaws, should be sought which would permit the hiring of an handicapped person in an upgrade position anytime two or more positions become open.

SPLINTER GROUP II — Concerns of the Mentally Handicapped

Moderator: George Tinius

Summarizer: Mr. James Kite

A. Following is a general summary of the two sessions with specific points mentioned at the end.

1. Agencies must keep records on clients served. Agencies should work together to eliminate losing clients when they leave to another agency. Maintain follow-up on clients referred to others, remembering that these clients are important and only you can help them.
2. There is a need for more facilities to serve the Multiple Handicapped. New facilities are needed or remotivation of old ones.
3. All agencies, again, need to cooperate in legislation to obtain funds. Singley, an agency does not have a chance, but together the area of Mental Health will receive their share of funds.
4. Funds needed for mandatory special education in 1973 may be 40 million dollars. Present appropriation is 7 million dollars. The State should provide at least 20 million dollars their next legislative period.
5. Perhaps there is a need to advertise Vocational Rehabilitation Programs and other agencies' program, to let the public become aware of these agencies and what they are doing.
6. Work needs to be done with the University teachers in areas of multiple handicaps. Too many teachers have not had opportunities to work with the handicapped, but are teaching students now.
7. This group felt we should support whatever is needed (higher taxes maybe) to provide more funds to do the job for the handicapped.

B. Specific points mentioned:

1. Agencies should share professional staff or acquaint them with as many agencies as possible and also the saving of funds between two-three agencies if one person could do the job for all of them.
2. Discussions among agencies on a regular basis. This could be State as well as local, but very important among local groups.
3. There is a definite need for "General-istic" in the area. There are too many specialists.

SPLINTER GROUP III—Concerns of the Sensory Handicapped

Moderator: Thomas Hasbrook

Summarizer: Janet Dobecki

Trying to remember that action—not reaction is the only way to solve the multitude of problems facing all handicapped individuals, our splinter group spent time asking questions, expressing our concerns, and making recommendations. These recommendations we ask the Commission on the Handicapped to seriously consider.

1) We recommend that the Commission on the Handicapped check into the problem of a "half-way house" for deaf persons needing the evaluative and rehabilitative services of Crossroads. Crossroads is the only place where multiply handicapped deaf persons can receive such diagnostic work; however, such individuals need a place to stay during the evaluation and rehabilitation process. It must be noted that the waiting list is long, the one "halfway house" has burned down, and at least two homes are needed.

2) We recommend that the Commission have a newsletter to keep all agencies and interested individuals informed about the activities of the Commission and agencies serving the handicapped.

3) We recommend that positions 15, 16, and 17 (those reserved for interested individuals) be replaced by handicapped people. These people would greatly help the Commission by keeping them better informed. If this is not possible, we ask that 4 or 5 more positions be created on the Commission for handicapped individuals.

4) We realize that the problems of lack of communication, lack of money, and lack of community education are huge. Therefore we recommend the establishment of a strong public relations program with a public relations director. The mediums of radio and television, the agencies serving the handicapped, the medical profession, and the Chamber of Commerce could all be used to educate the public.

In our thinking and talking we raised many questions. Answers need to be found to these questions.

1) What exactly is the function of the Commission on the Handicapped? The public as well as agencies serving the handicapped and the handicapped need to understand the function of the Commission.

2) What is being done to educate the employer?

3) Could we through legislation make it an incentive to hire the handicapped?

4) Could we have a definite *skills* program incorporated into the School for the Deaf and

the School for the Blind? Such programs could be cooperative and eliminate the need for post-high school training and rehabilitation.

We also aired our concerns. Just as these concerns were "Food for Thought" for our splinter group so we feel that the following concerns should be brought before the Commission.

1) We need to show legislators what can be done through rehabilitation—show what you can do and that the handicapped will become taxpayers.

2) We need to find ways to get our allotted matching Federal funds.

3) We are concerned that handicapped groups do not understand the function of the Commission.

4) We are concerned by the lack of communication and understanding of the function of such groups as Manpower, Employment Opportunity Center, O.J.T.P. and other such groups.

We as a group have made recommendations, aired our concerns, and asked questions. Now we must each individually ask ourselves—"What am I willing to do to solve these problems? What will I do once I leave this room?"

SPLINTER GROUP IV— Concerns of the Socially Handicapped

Moderator: Mr. William Passmore

Summarizer: Vernon Black

I. Guiding thoughts for discussion by the Moderator to the Panelists.

- A. What can Americans do to meet the problems of the socially handicapped?
- B. Cite specific examples from your experiences.
- C. If faced with such problems, how do we go about solving them?
- D. Audience be ready to suggest other solutions to the problems.
- E. A consideration of sex problems and possible solutions as one group among the socially handicapped.

II. Each panelist was then given an opportunity to talk on any, each, or all of the guiding thoughts.

- A. Mr. Bruce Falkey began the discussion by taking Question A.
In essence he stated there is no middle ground on the question of the use of alcohol or its misuse. The American people are polarized on the problem, taking extreme positions.
His church—the Methodist—has removed the Pharisaical edict on the ban of drinking and smoking for their ministers; it is now

left to the individual minister's discretion. Industry—is not willing to tackle the situation until alcoholism is apparently leading to absenteeism and ultimate dismissal. Thus it is necessary to begin to differentiate between the "chronic/non-chronic" drinker. Studies of absenteeism due to drinking, just after World War II, revealed about a \$2 billion wage loss annually. (No studies of a more recent nature have been conducted.) A study by some medical students at the University of Cincinnati has shown that the "non-problem" drinker causes losses about 7 times that of the known "problem" drinker; how can we document the costs in dollars of the non-problem drinkers since they are not as readily identifiable?

How can we handle the problem of attitudinal changes in developing teenage alcoholics whenever drinking is condoned in the home?

- B. Mr. Juan Solomon: There is a need for interest in the individual and for showing him there is a concern for and about him. A change in the attitude of "normal" people toward these people is highly desirable; perhaps we can accomplish this—look at the changes that have occurred in the treatment and attitude toward the mentally ill persons.
(Cited a case he is now working with who is unable to hold a job because of a sex problem.)
- C. Mr. Falkey: What we are really concerned with is the responsible use of alcohol. Would the job be easier if we can relegate the responsibility in the use of alcohol, homosexuality, etc., to the individual rather than through legislative means?
(Individual in audience picked up the comment on "consenting" homosexuals; they retorted "No one commits acts that affect him only.")
- D. Mr. Solomon: I don't believe it is possible to "leapfrog" problems, attitudes, ideals, etc., that have been developed over hundreds of years in an instant, but such is being attempted today!
- E. Mrs. Lynda Carillo: Stated she had never heard the term "Socially Handicapped" until she was asked to participate in this conference; "we referred to ourselves as the "Socially Retarded". She pointed out very quickly her belief that there are *no rehabilitative services* in the Indiana

Women's Prison except for the program she is now in: work release and trustee program but at no pay. Prior to being allowed to participate in it, she spent four months in the lock-up.

She then proceeded to tell her story. She is an only child who was overly protected by both parents. Her drinking problem began in college (once away from her parents). She dropped out to enter Business School, and after graduation she went into the Service, from which she was discharged because of Emotional Instability. She returned home, and shortly thereafter her mother committed suicide, with her father remarrying within two weeks. She met a man and married the day after her father; the marriage lasted three weeks. Drinking very heavily, she began traveling the country with a carnival; left it and went to Haight-Ashbury; back to the carnival and then in with a motorcycle gang. She was now drinking a fifth a day, was smoking marijuana, had experimented with LSD (She had not fooled with the latter for two years, but she experienced a full flash-back trip last Tuesday night.) She went back to California and joined up with another carnival; it came here to Indiana and she was involved in an Assault and Battery on a drunk for which she was sentenced to prison.

F. Questions from the audience.

Q. What do you think was the turning point, causing you to go into this?

A. I don't know but perhaps it was father's remarriage.

Q. Could it have been the overprotectiveness?

A. Possibly.

Q. What could education have done to prevent this?

A. My high school had classes in Drugs, Alcohol, and Smoking but the people brought in were always older individuals and I felt they had no relevance to me.

Q. When did your rehabilitation begin?

A. When I learned to accept the responsibility for my actions!

G. Mr. Falkey: We are at the same point with Drug Abusers as we were with the Alcoholics ("recovering addict") some 25-35 years ago. I am not in favor of bringing outside persons in to conduct these classes in the schools because it removes

the responsibility from the teachers to provide the educational programs needed!

H. Mr. Solomon: I also see dangers in this one shot approach, and—also bringing in the returning addict can polarize attitudes—"Well look at her; she's O.K. now so I can go ahead for a couple of years," etc. (Several comments from the audience and discussion followed.)

(In response to a question) We are funded under the Department of Labor now but have operated 2 1/2 years on a strictly voluntary basis. We have 1600 jobs presently available for the disadvantaged only, and we have a present budget of about \$2 million for their training. The hardest person to place is the one who has served time, or has been convicted, for burglary.

(There followed a question and answer session between Falkey and Solomon).

F. Have there been attempts to change the attitudes of employers?

S. We have developed a supervisory institute to provide a two way street; main thrust is toward partnering (Big Brother) with an established employee to provide the inroad into the social structure of business.

F. To whom are you responsible?

S. Directly to Mayor Lugar and the Department of Labor.

F. Will you include other programs such as WIN, etc.?

S. Yes, eventually.

I. Mr. Richard Wenzel: We have the responsibility for the social and nursing services for the indigent, crippled and chronically ill child. (Mr. Passmore was a participant/recipient when he reached age 16.) We have also taken over and operated 7 clinics throughout the state for providing services for those on ADC. (We presently have a child in Riley intensive care—a girl—who was born without a rib cage; her room cost is \$107.50 per day; she has been kept alive for over a year, and is the longest survivor with this condition in medical history.)

It is our experience that because of the extensive drug usage in the treatment procedures for many of these children, they do become addicted but to my knowledge, none are released as addicts.

(In response to question from audience.)

The majority of mothers in the ADC program are widows and/or desertees; we can see no great surge in more births because of the increase from \$25 to \$37.50 per child if this provision is passed by the 1971 General Assembly.

(Cited as example the case of a used car salesman from Martinsville who had to go on a Dialysis machine; the cost is \$30,000 per year. He went back to work for income, so he is no longer considered as totally disabled and the Department of Public Welfare withdrew its financial aid! He also remarked on two other cases where there is similar injustice and commented on the WIN and STP programs.) His closing comment was quite poignant: "We deal pretty much with the residue—or fine siftings—of people; those who have fallen down through the grate."

THE RECURRING THEME:

The crying and urgent necessity for the bringing about of changes in the attitudes of all peoples toward the alcoholic misuser, the drug abuser, the ex-convict, and the sexual deviant that will permit their effective return to society.

SPLINTER GROUP V — "Concerns of the Chronically Handicapped"

Moderator: Kenneth I. Chapman

Summarizer: Mrs. Faye Johnson

This group first attempted to define the Chronically handicapped person only to agree in the final definition that nearly any handicap could be considered chronic. We then discussed what is being done and what should and could be done at the present in regards to the total rehabilitation process.

Problem of employment was thoroughly discussed in regards to industry, employers responsibilities such as the physical layout of the work situation, insurance coverage and union protection.

It was agreed that appropriate training was extremely important to the handicapped person after great consideration had been made in regards to the persons degree of disability and his personal ability.

More interest of the medical profession in regards to total patient rehabilitation should be stressed.

Professional architects should consider the handicapped when designing new structures.

Out of the group discussion, the following recommendations were made:

1. Redefinition of the professional responsibilities whether it be doctor, physical

therapist, speech instructor, counselor, teacher, social worker or architect.

2. The development of a major program of public relations, education and interpretation of rehabilitation is needed and should be developed.
3. The development of a major and effective constituent program to support the legislators in the field of rehabilitation.
4. Major reorganization of agencies at the state level.

It was also agreed by this group to make a suggestion to the Commissioners to approach executives of insurance companies to discuss problems and initiate an insurance coverage program for the handicapped person in employment.

GENERAL SESSION IV — GRAND BALLROOM DIAGNOSTIC AND EVALUATION PLAN

Mr. Don Miller introduced Doctor Milton Wisland, Project Coordinator. Dr. Wisland reviewed the plan in brief and then turned the meeting over to Mr. Joe Kunz, Project Consultant.

Mr. Kunz presented background information concerning research consultants, a history of the plan and the survey that was conducted in order to gather information necessary for the study concerning the agencies working with the handicapped.

Mr. Kunz then went on to say that the most important part of the plan is their "Blue Print for Action"—a system designed to provide diagnostic and evaluative services for the handicapped throughout the state. This "Blue Print for Action" provides a functional structure for several plans.

He reported that the consultants had defined the terms diagnostic as providing a proper label and evaluation as providing a proper prescription. Their main goal is to expedite treatment for the handicapped and the need to develop diagnostic and evaluative centers.

The state is divided into fourteen planning regions and the need for a communications system between the state and county levels was emphasized. There are six levels of service that must be provided in order to have adequate diagnosis and evaluation. These six levels are as follows:

1. A minimal amount of identification
2. County Service Area
3. Multi-county service area (outside regional center)

4. Administrative unit in each region which coordinates the services of levels one, two and three
5. A multi-regional center
6. Resource Center—this is the highest level and an example of such a center is the Indiana University Medical Center at Indianapolis

He also discussed the need for coordinating Health, Education and Welfare Offices. Especially, the State Board of Health, Department of Public Welfare, Department of Public Instruction, Department of Mental Health, Division of Vocational Rehabilitation and Department of Corrections, must be coordinated and have a communications network that will allow for more positive interaction between agencies.

The locations were considered in terms of what the consultants could see within the center which should be located under the same roof and would be a coordinated effort of the various departments. The 14 regional centers or locations of administrative units are Bloomington, Columbus, Evansville, Fort Wayne, Gary, Indianapolis, Kokomo, Lafayette, Madison, Muncie, New Albany, Richmond, South Bend, Terre Haute.

Mr. Kunz showed slides of samples of a state delivery system, the delivery system flow chart and a delivery system of services for each of the fourteen planning regions, with the proposed level of services advocated for each region.

The plan will include the following recommendations:

1. That the Commission for the Handicapped provide the means for implementation of a coordinating unit.
2. That a pilot project be developed in one of these regions; one, three or eleven, that would enable implementation and evaluation of the system of services.
3. That the Commission for the Handicapped should complete a further study to determine the most feasible balance of Federal, State and local monies to support adequate diagnostic and evaluative services.

A review of the current situation in Indiana shows that Indiana is getting very little of their

share of the Federal Dollar. The point is that Indiana is not getting the amount of federal money that it should or could.

In 1967, Indiana ranked 12 among the 18 states that paid more to support grants than they received. The advantage of a public expenditure should outweigh the cost. We now have a responsibility to do what used to be talked about as efficiency or effectiveness, quality control and a cost benefit system.

COMMENTS BY IONE HECKMAN

Thank you Doctor Wisland and Mr. Kunz, for your fine presentation. First of all, on behalf of the staff for this project and the research consultants from Indiana University, I want to thank those of you who helped us in our study by returning the survey forms Mr. Kunz mentioned in his report. We are very pleased with what we felt was a tremendous response to the survey request. Many of the agencies not only filled out the forms and supplied the information requested, but also included additional information which we found very helpful.

The plan is now in the *final stages of completion*. The Advisory Committee for the project, a group of gentlemen who, throughout the project, have given us advice, consent and dissent, made the recommendation at their last committee meeting that a few changes should be made in one of the Regions (which I understand has been done).

When the final approval is made by the Advisory Committee, the plan will then go to the Governor's Commission for the Handicapped for their approval; whereupon it will then be submitted to the Legislative Council through the State Health Commissioner. Hopefully, this Plan will not be filed away in some dusty archive to be vaguely remembered but will be used to provide more adequate and extensive services for the handicapped and disabled.

I am going to have Mr. Miller explain what happens to the plan after it is sent to the Council and how action is then taken.

After Mr. Miller's comments, if there are any questions, I will be more than willing to let Mr. Kunz answer them.

COUNCIL OF VOLUNTARY ORGANIZATIONS FOR THE HANDICAPPED (COVOH) REPORT ON SPECIAL PROJECT

"THE MULTIPLY HANDICAPPED"

Mrs. Alice Tinsley

"There is only one child in the world and the child's name is all children."

When we looked, many years ago, at the areas of greatest need, one stood out in particular. This was in the field of Multiply Handicapped. Some said that this mission was impossible, I said, "No mission is impossible."

I would like to mention a few facts about where we are in our total concept of involvement in programs for the multiply handicapped.

1. The Stonebelt program in Bloomington, Indiana, is a continuing pilot program for the blind, trainable retarded. This program is to provide a pilot project directed to the particular needs of children having the handicaps of both blindness and retardation, which programs thus far have not been possible in schools or agencies serving only one handicap.

It is involving the participating staff and consultants from both the School for the Blind and Council for Retarded Children in experiences that will enable them to serve blind retarded children as a part of ongoing experience. This program will try to prepare the children for programming in as normal an educational grouping as their post-evaluation indicates. The Stonebelt Council commits itself to placing these children in their program if the children are not able to find placement in a multiply handicapped program.

Six children have received the basic evaluation from the School for the Blind. The School will bring the evaluations up to date and use their findings to establish the educational base line of learning and upon which to prescribe a direction for learning.

2. In the summer of 1969 with the use of Title I-E.S.E.A. funds experimental classes for multiply handicapped deaf children were conducted on the campus of the Indiana School for the Deaf. This experience with additional children was continued last summer. Both programs proved to be successful.

Using an existing building, formerly the superintendent's residence, five multiply handicapped deaf children were admitted for the regular school year. These five children are residential

students. A well trained and experienced teacher of the deaf with additional experience in working with the multiply handicapped deaf children was employed. Professional evaluation of the children will be made at the beginning, during, and at the end of the project.

The important goal for this project is to develop a model instructional and training program for the multiply handicapped deaf children, in order that they may live with some degree of independence and pride.

Another area extremely important is communication. I believe that communication will unlock many of the problems of a multiply handicapped child. The desperate need to establish adequate communication for the multiply handicapped deaf has become a challenge and a necessity. Again, last summer, Crossroads Rehabilitation Center, Division of Vocational Rehabilitation Services for the Deaf and Hard of Hearing, and Noble Center worked together in trying to bring about some method of communication among the deaf retarded. Using deaf teachers, each child was evaluated in his/her ability to communicate. Need I say we saw a difference in the children? This was only six weeks; but their ability to want to learn was greater and even more of a challenge.

My son keeps reminding me that we are living in a jet age, but this is hard to believe when it comes to the progress of the multiply handicapped child. It seems more like the stone age. It is time Indiana stopped playing around with the lives of these children who need help now. They have been studied, demonstrated and experimented with—they should not be put in a corner.

We are grateful to all of you for reaching out and trying to bring in those who are left out, but there is still much to be done. Perhaps some of you have not reached out far enough and some of you have not reached out at all.

These children and parents need the help of each of you working together. You can no longer say it can't be done. It is now being done. If we can work together, I believe that the new horizons of the young multiply handicapped child will be brighter than the old ones.

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